

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

*For Non-Individuals*

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH

Please affix the recent passport size photographs and sign across it

**A. IDENTITY DETAILS**

1. Name of the Applicant: \_\_\_\_\_
2. Date of incorporation: \_\_\_\_\_ (dd/mm/yyyy) & Place of incorporation: \_\_\_\_\_
3. Date of commencement of business: \_\_\_\_\_ (dd/mm/yyyy)
4. a. PAN: \_\_\_\_\_ b. Registration No. (e.g. CIN): \_\_\_\_\_
5. Status (please tick any one):  
Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) \_\_\_\_\_

**B. ADDRESS DETAILS**

1. Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
3. Specify the proof of address submitted for correspondence address: \_\_\_\_\_
4. Registered Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**C. OTHER DETAILS**

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: \_\_\_\_\_
2. a) DIN of whole time directors: \_\_\_\_\_  
b) Aadhaar number of Promoters/Partners/Karta: \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

\_\_\_\_\_  
Name & Signature of the Authorised Signatory

\_\_\_\_\_  
Date: \_\_\_\_\_ (dd/mm/yyyy)

**FOR OFFICE USE ONLY**

Originals verified and Self-Attested Document copies received

(.....)  
Name & Signature of the Authorised Signatory  
Date .....

Seal/Stamp of the intermediary